

January 29, 2016

Dear Senate HELP Committee,

The [Alliance for Nursing Informatics](#) (ANI) advances nursing informatics leadership, practice, education, policy and research through a unified voice of nursing informatics organizations. ANI has collaborated with the American Nurses Association (ANA) and the American Medical Informatics Association Nursing Informatics Working Group (AMIA-NIWG) to review the Senate Bill discussion draft [To Improve Federal Requirements Relating to the Development and Use of Electronic Health Records Technology](#). In that spirit we offer our comments as nursing stakeholders.

ANI commends the intent of the Bill and its support for decreasing unnecessary documentation burden for healthcare providers, and that health professionals should work to the full extent of their education and training. However, these principles should apply to *all* healthcare professionals, not only physicians. Nurses should not be doing the work of other licensed health professionals, specifically documenting on behalf of physicians. There are potential negative impacts on registered nurses in the acute care setting if this were to occur. The documentation burden for nurses in acute care is already excessive. This can be detrimental to patients, requiring substantive effort and expertise to streamline and transform existing requirements so that nurses have the time and energy to focus on the individual patient's safety and care. Further, physicians' documentation burden includes regulatory, billing and templated approaches for recording patient information. Physician documentation issues require solutions that are addressed without placing additional burdens on nurses, which exceed the nursing scope of practice.

We suggest that language in the proposed Bill does not protect nurses from an increased documentation burden. We point to the many articles found online interpreting the intent of this draft Bill and stating that: "[Reducing physician documentation is also a priority of the new draft Senate bill, which would allow nurses to document on behalf of doctors...](#)"

The practice of Licensed Practical Nurses (LPNs) and Medical Administrators documenting on behalf of physicians is already occurring in some physician practices. We are concerned that the language in the

proposed Bill could expand such documentation behavior into the acute care setting and would favor expectations imposed by physicians that registered nurses should enter electronic orders on their behalf. Such policies could severely decrease nurses' (already limited) time at the bedside and negatively impact the provision of safe and high quality care. We point to The Institute of Medicine report on the Future of Nursing for the broad negative ramifications of such policies on nursing practice and patient care (Institute of Medicine, *The Future of Nursing: Leading Change, Advancing Health, 2010*). In addition, AMIA's EHR 2020 Report recommends that *all* health professionals work to the full scope of their licensure in doing assessments, ordered interventions, and the documentation of those activities into the record for the entire team to use (Payne et al., Report of the AMIA EHR-2020 Task Force on the status and future direction of EHRs. *JAMIA*, 2015; 22(5), 1102–10). Our specific recommendation is that the following statement be included in the Bill: "Delegation of clinical documentation requirements that are imposed upon healthcare providers by Department of Health and Human Service regulations may not include delegation of clinical documentation requirements to nurses for documentation activities on behalf of a physician".

ANI appreciates the opportunity to contribute to the conversation on improving federal requirements related to the development and use of electronic health records technology, decreasing unnecessary documentation burden for all healthcare providers, and supporting all health professionals to practice to the full extent of their education and training. We believe these shared efforts are critical to enhancing healthcare for all.

Sincerely,

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